

Kentucky Teachers' Retirement System

Request for Electronic Fund Transfer of Annuity Payments

Name of **Recipient** : _____

Recipient Social Security Number: _____ - _____ - _____ **Recipient's** Phone: _____ / _____

Mailing Address: _____

City, State, ZIP: _____

MEMBER INFORMATION

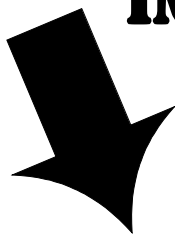
Member's Name: _____

Member's Social Security Number: _____

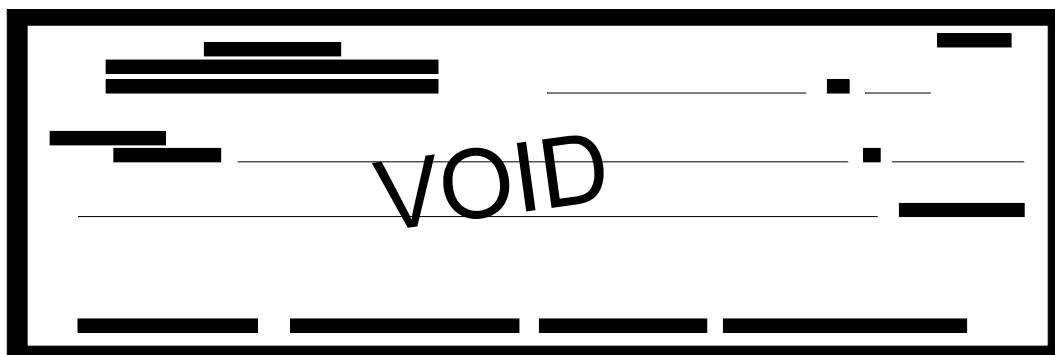
RECIPIENT AUTHORIZATION FOR DIRECT DEPOSIT

I, *(Signature of Recipient)* _____, on the _____ day of _____, 2000,
authorize and request KTRS to direct deposit the net amount of the above noted monthly annuity to my
(check only ONE type of account) ☐ CHECKING or ☐ SAVINGS account at the
(name of financial institution) _____.

IMPORTANT!



Please be certain to attach a voided check
from the financial institution
which your annuity will be
direct deposited.



Return to KTRS, 479 Versailles Road, Frankfort, Kentucky 40601